

malarious regions. However, they consider the intellectual legacies of Ross by reference to The Ross Institute, the stimulus to find other vectors of disease and the development of the sub-discipline of medical entomology. They interpret Ross' demands for financial reward not merely in terms of his own personal gain, but rather as an attempt to establish a proper system of state recognition for scientific endeavour other than the honours list. They also acknowledge that other researchers would have announced the mosquito transmission of malaria in the absence of Ross. In the light of this admission it is disappointing that so much of the book is devoted to this aspect of his life and not to considering his later work on the mathematics of malaria prevention.

This book renews interest in this controversial figure at an apposite time amidst the various centenary celebrations in tropical medicine. It updates the Ross historiography and will perhaps stimulate others to continue to assess the value of biography in the history of medicine.

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Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Culture*, London: Picador, 1997. Pp. x + 244. £16.99. ISBN 0-330-34670-9.

What do such enigmatic disorders as Gulf War syndrome, chronic fatigue syndrome and multiple personality syndrome have in common with recovered memory of sexual abuse in childhood or with satanic ritual abuse and alien abduction? In her book *Hystories*, Elaine Showalter suggests that all of these individual psychosomatic disturbances be seen as examples of hysteria at the end of the twentieth century which, owing to wide media coverage, have developed into collective epidemics. Her provocative speculation can be summarized as follows: at the millennium hysteria is anything but dead. Instead, this protean illness which, owing to the absence of organic lesions but also to the mutability of its symptoms, was able to persistently puzzle physicians over the centuries has simply donned a new guise. Befitting the hyper-mediatization of our culture, postmodern hysteria employs what Showalter calls hystories, namely a narration of hysteria culturally exchanged and cemented through the channels of self-help books, articles in newspapers and magazines as well as talk-shows.

The vicious circle she sketches includes three players. People, desperate because no organic lesions can be found for their symptoms, are confronted with physicians who are willing to believe the implausible stories their patients tell them and, accordingly, feed them with books on newly discovered syndromes, which these highly suggestible patients are in turn only too willing to imitate. Precisely because the prejudice still exists that purely psychological disturbances are illegitimate, contemporary hysterics want to have their illnesses recognized as concrete syndromes and thus seek to locate an external source for their mental anguish—a virus, sexual abuse, chemical warfare, satanic conspiracy or extra-terrestrial infiltration. The significant shift that has occurred in our postmodern world can be attributed to the manner in which these narratives of contagion come to be publically disseminated as rumours and conspiracy theories. For, according to Showalter, when the media picks up individual case histories and presents them as part of a mass phenomenon, a hysterical epidemic results, and this not least of all because these stories themselves feed upon a cultural matrix heavily imbued with religious fundamentalism, political paranoia and apocalyptic panic as well as a proclivity toward public confession.

Analogous to the witch hunts of Puritan New England, we are again in danger of collectively falling prey to a horrific wave of delusion. Yet significant about the scenario traced by Showalter is the fact that the roles have been curiously reassigned. Our contemporary hysteric, possessed by some external demonic force, appears as the survivor of erotically informed traumatic experiences of seduction and abduction. In contrast to the

Puritan trials, however, the representatives of public authority are the ones to emerge as the victims of a deluded fanaticism: the unsympathetic doctors, who insist that chronic fatigue syndrome and Gulf War syndrome are examples of post-traumatic stress and should not be treated as infections, much as they reject the plausibility of recovered memory; the government officials who deny the deployment of noxious chemicals during the Gulf War; abusive fathers, working mothers and satanic sadists, who will not confess the evil they have inflicted on helpless children. New, one could say, is the fact that those afflicted by an enigmatic psycho-somatic disturbance turn themselves into witch-hunters, while the representatives of the law—the physicians, politicians and parents—fall prey to this publicly staged inquisition.

Showalter maps her polemical rendition of media-generated hysteric epidemics, explicitly pitted against a culture of suspicion and defamation, on to an all too cursive and highly selective historical overview of the discursive history of the notion of hysteria within medical literature. At the same time she traces the murky interface between fictions that aesthetically refigure narratives of hysteria and medical discourses which feed off these fictional accounts. She is, of course, fully justified in emphasizing what has become a common critique of psychoanalysis, namely that Jean-Martin Charcot and Sigmund Freud were often prone to use their patients to confirm the theories they sought to impose. At the same time she laudably highlights another correction of our current evaluation of psychoanalysis, based on the scholarship done in the area of male hysteria and war neurosis, owing to which a shift has taken place away from designating this illness exclusively as a feminine expression of discontent. Nevertheless, given that her declared concern is a polemic of enlightenment, Showalter does not engage with the ambivalence and complexity involved in a psychoanalytic discussion of the relationship between trauma and its conversion into psychosomatic symptoms. It is telling that a theorist like Pierre Janet, who argued that the traumatic knowledge hysterics come to articulate be seen not only in the light of disturbed, dissatisfied sexual fantasies, is not a significant voice in the narrative of the medical history of hysteria she has to tell. Nor does she fully consider recent research in the field of hysteria revolving around a depathologization of this disturbance, along the lines of Lucian Israël, who designates this disorder as a mode of communication with a figure of alterity and who sees its aim to be a message about the fallibility of symbolic laws as well as the lack of plenitude inscribed in any notion of the subject. Above all, however, what is lost in Showalter's reduction of hysteria to sexually encoded victim and conspiracy fantasies is the playful mimetic component that was so often also inherent to this enigmatic and elusive disorder. The recourse to a language of the body often also accompanied a misappropriation of given master narratives, in the course of which the hysteric came to perform the fallibility of precisely the paternal authority whose validity she or he sought both to interrogate and to support. When, in the course of hysteric exaggeration, the good father seamlessly transforms into an obscene one who shamelessly and violently enjoys, such a performance invariably brings to light a significant fissure at the heart of family structures. The protean mutability of the symptoms on the part of the afflicted subject not only comes to articulate a resilient refusal to be contained in a single role. Rather, it often comes also to serve as an articulation of cultural discontent—be it a complaint about the expectations of gender constructions within the bourgeois family, or be it a complaint against a public sphere revolving only around success and ruthless competition.

For Showalter, hysteria presents itself as a less ambivalent and less scintillating phenomenon. Conscientiously rejecting the notion that hysteria be thought of as an imagined illness, a sign for mental weakness, for malign tricks or irresponsibility, she sees it instead as a universal answer to stress and anxiety-induced emotional conflicts, which should be taken seriously because it points to real social problems. Her plea is that we have sympathy with traumatized war veterans and working women suffering from chronic fatigue syndrome, even while she harshly criticizes the phenomenon of hystories because these media events reduce the mysteries of human emotions to conspiracy theories even while they support a gullible belief in what she considers to be modern fairy tales—recovered memory, satanic

rituals, and alien abduction. It is, therefore, important to consider her discussion of hysteria within the context of her explicit rhetorical intention. For her aim is clearly one of rational enlightenment, concerned with reminding journalists that they have a duty to use their media coverage to counteract malign and misinformed denunciations rather than reinforcing these. Indeed, the third part of the book—in which she retells the histories of six hysterical epidemics—reads like a compelling report on collective delusion. In each case she meticulously reconstructs the events producing a situation in which it is apparently easier to believe in a conspiracy rather than in personal agency and responsibility. For, in the course of producing a narrative where one is the victim rather than the agent of one's distress, the source of unhappiness is no longer a diffuse sense of anxiety, disgust, or despair. Instead a guilty agent can clearly be determined outside one's own psychic apparatus and the public accusation of this alleged victimizer promises both relief and cure.

Showalter's relentless rationality makes perfect sense given the vertiginous implausibilities she reports. One is only too willing to join her in the triumph of rational reasoning, when in her epilogue she argues that even while we must recognize human proclivity towards paranoia, we must not cede to it and instead must learn to directly confront our clandestine anxieties and our forbidden sexual desires. However, in the course of reading her case histories this reviewer found herself compelled to ask why we are so willing to believe in narratives involving demons, malign fathers, and wicked politicians. Why do we entertain fantasies of suspicion and of mistrust with such enjoyment? Could it not be that there is more at stake than merely the desire to cover up guilt about socially taboo sexual fantasies?

After all, one of the most irritating traits of hysteria has always consisted in the fact that it refuses all efforts at closure. If in the course of therapy a physician finds the primal scene and with it a cure for a given symptom, the hysteric is only too willing to relinquish this particular ailment, but only by exchanging it for another to take its place. Even though one can fully sympathize with Showalter's interest in coming up with a finalizing solution to the problem of hysteric epidemics, she nevertheless seems to miss the seminal kernel of the hysteric broadcast. Because in the midst of all the exaggerated, implausible, and bizarre ado about nothing performed by the language of hysteric discontent, leading at times to a collective hysteric attack of mass delusion, this psycho-somatic disorder gives voice to a message we would prefer not to hear, yet which psychoanalytic theory suggests we also acknowledge as being true. There is always something rotten in the law of symbolic codes, much as each individual identity is founded on an original loss and lack in plenitude, which we subsequently mourn for in the contradictory fantasy life that makes up our psychic reality. Phantoms of evil that materially embody this threatening and at the same time fascinating lack may be chimeras. But, following the logic of vampire-hunters, the assurance that by dismantling their reality we might also be able to overcome this elusive, enigmatic, and intangible sense of discontent and fallibility written into our private and our public sense of self, is perhaps equally fantasmatic. Nor is it always entirely wholesome.

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Robert Woods and Nicola Shelton, *An Atlas of Victorian Mortality*, Liverpool: Liverpool University Press, 1997. Pp. 165. £30.00 (hbk.), ISBN 0-85323-532-5; £15.00 (pbk.), ISBN 0-85323-542-2.

Everyday atlases are the obvious starting point for a journey. They enable the traveller to plan a route and indicate places of interest on the way. Good ones provide useful background information about the destination. There is no reason to suppose that academic atlases should be very much different. So, if a summary of the structure of cause-specific mortality in England and Wales between 1861 and 1900 is the place you want to go, then